



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

PETITION FOR MODIFICATION - ADMINISTRATIVE ORDER

RE:) Docket Number _____
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)
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Petitioner)

PETITION

I, _____, ask the Office of Administrative Hearings to direct the Division of Child Support (DCS) and _____ to appear and show why my administrative child support order should not be modified. My administrative child support order was entered on _____.

CHECK ALL BOXES THAT APPLY TO YOUR CASE. EXCEPT FOR YOUR SIGNATURE, PRINT OR TYPE ALL RESPONSES.

1. ☐ DCS served either a *Notice and Finding of Financial Responsibility*, a *Notice and Finding of Parental Responsibility*, or a *Notice and Finding of Medical Responsibility* on me. I did not object or ask for an adjudicative proceeding (hearing).
2. ☐ DCS served either a *Notice and Finding of Financial Responsibility*, a *Notice and Finding of Parental Responsibility*, or a *Notice and Finding of Medical Responsibility* on the responsible parent. The responsible parent did not object or ask for an adjudicative proceeding (hearing).
3. ☐ I want a modification because:

I believe the current child support amount for this case should be \$ _____ per month. I based this amount on the information listed in the attached *Washington State Child Support Schedule* work sheet.

ACKNOWLEDGEMENTS

I understand that:

1. I must serve the following on DCS.
 - a. This completed petition.
 - b. A completed *Washington State Child Support Schedule* work sheet.
 - c. A completed *Financial Declaration*.
 - d. Proof of income (pay stubs, tax returns, etc.).
2. I must serve the items listed in #1 above on DCS at the address listed below. I must do so by either certified mail return receipt requested, or personal service. I must serve the office listed below as directed by my Support Enforcement Officer.

DIVISION OF CHILD SUPPORT

3. I must tell DCS if my address changes.
4. DCS considers anything mailed to the address I provide as served on me.
5. DCS will not represent me or the other party to my child support order in this action.

DECLARATION

I declare, under penalty of perjury under Washington State law, that the information I submit is correct.

Signature

Date

P.O. Box or Street Address

My Attorney's or Representative's Name

City State Zip Code

My Attorney's or Representative's Telephone Number

Telephone Number

Best Hours To Call Me

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.
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In reply, refer to:
Case #: